

FEE TRANSMITTAL

Application Number 10/550,075 Art Unit 2877
Filing Date Confirmation No. 6188
Inventor(s) Oleg Kolosov, et al.
Examiner Name
Attorney Docket Number SMX 6014.4 (2003-011CIP1 (PCT/US))

Applicant claims small entity status.

METHOD OF PAYMENT

- The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 50-0496. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 50-0496.

Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____

2. EXCESS CLAIM FEES

Total Claims - (HP) = x Fee = \$ 0.00
Indep Claims - (HP) = x Fee = \$ 0.00
Multiple Dependent Claims Fee
(HP = highest number of claims paid for) Subtotal (2) \$ 0.00

3. APPLICATION SIZE FEE

Total Pages N/A - 100 = NaN ÷ 50 = 0 x \$____ = \$0.00
(Application + Drawings) (round up to whole #)

Subtotal (3) \$0.00

4. OTHER FEE(S)

Fourth month extension of time
 Information disclosure statement
 37 CFR 1.17(q) processing fee
 Non-English specification
 Notice of Appeal
 Filing a brief in support of appeal
 Request for oral hearing
 Other: Surcharge (\$130) as set forth in
37CFR1.492(h)

TOTAL AMOUNT OF PAYMENT \$ 1720.00

Michael E. Godar
Reg. No. 28,416

MEG / cms

By EFS

Date _____
Telephone: 314-231-5400